



**DISTRIBUTOR NAME: Auto Electric Service Ltd.**

<b>Service Requested</b>	<input type="checkbox"/> MyPlaceForParts <input type="checkbox"/> AutoComLink
<b>Installer Name</b>	
<b>Street Address:</b> (Not Post Office Box Number)	
<b>City / Province</b>	
<b>Postal Code</b>	
<b>Phone number</b>	
<b>Contact Name:</b> (First and Last)	
<b>Users Email address:</b>	
<b>Type of Account: (circle)</b>	Service Dealer    Body Shop    Engine Rebuilder    VO-Tech
<b>Internet Access (circle)</b>	High speed    Dial up
<b>Customer Account number</b>	
<b>Location Link: (circle)</b>	Regina    Yorkton    Estevan    Weyburn    Mainline

Note: Each user will require a completed form

[Rick@autoelectricservice.com](mailto:Rick@autoelectricservice.com)